


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # V13916 1. Entity Name HARBCO CONSTRUCTION, INC. |  |
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|---|---|
| Principal Place of Business 3700 34TH STREET ORLANDO, FL 32805 US | Mailing Address 3700 34TH ST 3RD FLOOR ORLANDO, FL 32805 US |
|---|---|



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3106664

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HARB, AMINE T
3700 34TH STREET
SUITE 300
ORLANDO, FL 32805**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000389142
01/20/06-80034-006 158.75

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS HARB, A. TOM 3700 34TH ST ORLANDO, FL 32805 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT HARB, AMINE 3700 34TH ST ORLANDO, FL 32805 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SUZANE, JEBAILLEY HARB 3700 34TH ST ORLANDO, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.17.06 **407-4224272**